



COPY OF PAPERS
ORIGINALLY FILED

PATENT
Atty. Docket No.: RNS-001
(7400/4)

3634
SA

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT: Spann

SERIAL NUMBER: 09/757,255

ART UNIT: 3634

FILING DATE: January 9, 2001

EXAMINER: J. E. Novosad

TITLE: TOOL HOLDER

CERTIFICATE OF FIRST CLASS MAILING UNDER 37 C.F.R. 1.8

I hereby certify that this correspondence, and any documents referred to as enclosed herein, are being deposited with the United States Postal Service as first class mail, postage prepaid, in an envelope addressed to Commissioner for Patents, Washington, DC 20231, on this 18th day of June, 2002.

Date June 18, 2002

Brenda T. Kowalczyk
Brenda T. Kowalczyk

Commissioner for Patents
Washington, D.C. 20231

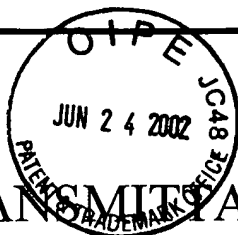
Sir:

RECEIVED
JUL 03 2002
GROUP 3800

Submitted herewith is/are:

Transmittal Form (1 pg.); Fee Transmittal (1 pg.); Amendment and Response (23 pgs.); Associate Power of Attorney (1 pg.); Check in the amount of \$27.00; and a postcard.

**TRANSMITTAL
FORM**



Application Serial Number	09/757,255
Filing Date	January 9, 2001
First Named Inventor	Spann
Group Art Unit	3634
Examiner Name	J. E. Novosad
Attorney Docket No.	RNS-001
Patent No.	Not applicable
Issue Date	Not applicable

**COPY OF PAPERS
ORIGINALLY FILED**


ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Check Attached <input type="checkbox"/> Copy of Fee Transmittal Form <input checked="" type="checkbox"/> Amendment and Response <input type="checkbox"/> Preliminary <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets ____] <input type="checkbox"/> Petition for Extension of Time <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Form PTO-1449 <input type="checkbox"/> Copies of IDS Citations <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Sequence Listing submission <input type="checkbox"/> Paper Copy/CD <input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Statement verifying identity of above	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application (PTO-1553) <input type="checkbox"/> Formal Drawings <input type="checkbox"/> Request For Continued Examination (RCE) Transmittal <input checked="" type="checkbox"/> Associate Power of Attorney <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> CD(s) for large table or computer program <input type="checkbox"/> Amendment After Allowance <input type="checkbox"/> Request for Certificate of Correction <input type="checkbox"/> Certificate of Correction (in duplicate)	<input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences <input type="checkbox"/> Appeal Brief (in triplicate) <input type="checkbox"/> Status Inquiry <input checked="" type="checkbox"/> Return Receipt Postcard <input checked="" type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8 <input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8 <input type="checkbox"/> Additional Enclosure(s) (please identify below) <div style="text-align: center; font-size: 1.2em;"> RECEIVED JUL 03 2002 GROUP 3600 </div>
--	--	---

CORRESPONDENCE ADDRESS

Direct all correspondence to: Patent Administrator
 Testa, Hurwitz & Thibault, LLP
 High Street Tower
 125 High Street
 Boston, MA 02110
 Tel. No.: (617) 248-7000
 Fax No.: (617) 248-7100

SIGNATURE BLOCK

Respectfully submitted,

 Date: June 18, 2002
 Reg. No. 50,773
 Tel. No.: (617) 310-8168
 Fax No.: (617) 248-7100
 Mark L. Beloborodov
 Attorney for Applicant
 Testa, Hurwitz & Thibault, LLP
 High Street Tower
 125 High Street
 Boston, MA 02110

OFFICE TRANSMITTAL JUN 24 2002 PATENT & TRADEMARK OFFICE 85	Complete if Known		COPY OF PAPERS ORIGINALLY FILED
	Application Serial Number	09/757,255	
	Filing Date	January 9, 2001	
	First Named Inventor	Spann	
	Group Art Unit	3634	
	Examiner Name	J. E. Novosad	
Attorney Docket No.	RNS-001		

METHOD OF PAYMENT	FEE CALCULATION (continued)																																																																																																								
1. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other 2. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 20-0531. <input type="checkbox"/> Required Fees (copy of this sheet enclosed). <input checked="" type="checkbox"/> Additional fee required under 37 CFR 1.16 and 1.17. <input checked="" type="checkbox"/> Overpayment Credit. 3. <input checked="" type="checkbox"/> Applicant claims small entity status.	3. ADDITIONAL FEES <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Large Entity Fee (\$)</th> <th style="text-align: left;">Small Entity Fee (\$)</th> <th style="text-align: left;">Fee Description</th> <th style="text-align: left;">Fee Paid</th> </tr> </thead> <tbody> <tr><td>130</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>50</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet</td><td></td></tr> <tr><td>130</td><td>130</td><td>Non-English specification</td><td></td></tr> <tr><td>2,520</td><td>2,520</td><td>Request for ex parte reexamination</td><td></td></tr> <tr><td>110</td><td>55</td><td>Extension for reply within first month</td><td></td></tr> <tr><td>400</td><td>200</td><td>Extension for reply within second month</td><td></td></tr> <tr><td>920</td><td>460</td><td>Extension for reply within third month</td><td></td></tr> <tr><td>1440</td><td>720</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>1960</td><td>980</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>320</td><td>160</td><td>Notice of Appeal</td><td></td></tr> <tr><td>320</td><td>160</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>280</td><td>140</td><td>Request for oral hearing</td><td></td></tr> <tr><td>130</td><td>130</td><td>Petitions to the Commissioner</td><td></td></tr> <tr><td>180</td><td>180</td><td>Submission of Information Disclosure Statement</td><td></td></tr> <tr><td>740</td><td>370</td><td>Filing a submission after final rejection (37 CFR 1.129(a))</td><td></td></tr> <tr><td>740</td><td>370</td><td>For each additional invention to be examined (37 CFR 1.129(b))</td><td></td></tr> <tr><td>100</td><td>100</td><td>Certificate of Correction for applicant's error</td><td></td></tr> <tr><td colspan="4">Other fee (Specify) _____</td></tr> <tr><td colspan="4">Other fee (Specify) _____</td></tr> </tbody> </table>	Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description	Fee Paid	130	65	Surcharge - late filing fee or oath		50	25	Surcharge - late provisional filing fee or cover sheet		130	130	Non-English specification		2,520	2,520	Request for ex parte reexamination		110	55	Extension for reply within first month		400	200	Extension for reply within second month		920	460	Extension for reply within third month		1440	720	Extension for reply within fourth month		1960	980	Extension for reply within fifth month		320	160	Notice of Appeal		320	160	Filing a brief in support of an appeal		280	140	Request for oral hearing		130	130	Petitions to the Commissioner		180	180	Submission of Information Disclosure Statement		740	370	Filing a submission after final rejection (37 CFR 1.129(a))		740	370	For each additional invention to be examined (37 CFR 1.129(b))		100	100	Certificate of Correction for applicant's error		Other fee (Specify) _____				Other fee (Specify) _____																											
Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description	Fee Paid																																																																																																						
130	65	Surcharge - late filing fee or oath																																																																																																							
50	25	Surcharge - late provisional filing fee or cover sheet																																																																																																							
130	130	Non-English specification																																																																																																							
2,520	2,520	Request for ex parte reexamination																																																																																																							
110	55	Extension for reply within first month																																																																																																							
400	200	Extension for reply within second month																																																																																																							
920	460	Extension for reply within third month																																																																																																							
1440	720	Extension for reply within fourth month																																																																																																							
1960	980	Extension for reply within fifth month																																																																																																							
320	160	Notice of Appeal																																																																																																							
320	160	Filing a brief in support of an appeal																																																																																																							
280	140	Request for oral hearing																																																																																																							
130	130	Petitions to the Commissioner																																																																																																							
180	180	Submission of Information Disclosure Statement																																																																																																							
740	370	Filing a submission after final rejection (37 CFR 1.129(a))																																																																																																							
740	370	For each additional invention to be examined (37 CFR 1.129(b))																																																																																																							
100	100	Certificate of Correction for applicant's error																																																																																																							
Other fee (Specify) _____																																																																																																									
Other fee (Specify) _____																																																																																																									
FEE CALCULATION 1. FILING FEE <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Large Entity Fee (\$)</th> <th style="text-align: left;">Fee Description</th> <th style="text-align: left;">Fee Paid</th> </tr> </thead> <tbody> <tr><td>740</td><td>Utility filing fee</td><td></td></tr> <tr><td>330</td><td>Design filing fee</td><td></td></tr> <tr><td>160</td><td>Provisional filing fee</td><td></td></tr> </tbody> </table> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Number Filed</th> <th style="text-align: center;">Number Extra</th> <th style="text-align: center;">Rate</th> <th style="text-align: center;">Amount</th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td style="text-align: center;">- 20 =</td> <td></td> <td style="text-align: center;">x \$ 18.00 =</td> <td></td> </tr> <tr> <td>Independent Claims</td> <td style="text-align: center;">- 3 =</td> <td></td> <td style="text-align: center;">x \$ 84.00 =</td> <td></td> </tr> <tr> <td colspan="4"> <input type="checkbox"/> Multiple Dependent Claim(s), if any \$280.00 = </td> <td></td> </tr> <tr> <td colspan="4" style="text-align: right;">TOTAL:</td> <td></td> </tr> <tr> <td colspan="4" style="text-align: right;">SMALL ENTITY DISCOUNT:</td> <td></td> </tr> <tr> <td colspan="4" style="text-align: right;">SUBTOTAL (1)</td> <td style="text-align: center;">(\$)</td> </tr> </tbody> </table> 2. AMENDMENT CLAIM FEES <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Claims Remaining After Amend.</th> <th style="text-align: center;">Highest No. Previously Paid For</th> <th style="text-align: center;">Present Extra</th> <th style="text-align: center;">Rate</th> <th style="text-align: center;">Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Total</td> <td style="text-align: center;">23</td> <td style="text-align: center;">- 20 =</td> <td style="text-align: center;">3</td> <td style="text-align: center;">x \$ 18.00 =</td> <td style="text-align: center;">54.00</td> </tr> <tr> <td>Indep.</td> <td style="text-align: center;">2</td> <td style="text-align: center;">- 3 =</td> <td style="text-align: center;">0</td> <td style="text-align: center;">x \$ 84.00 =</td> <td></td> </tr> <tr> <td colspan="5"> <input type="checkbox"/> First Presentation of Multiple Dep. Claim + \$280.00 = </td> <td></td> </tr> <tr> <td colspan="5" style="text-align: right;">TOTAL:</td> <td style="text-align: center;">(\$54.00)</td> </tr> <tr> <td colspan="5" style="text-align: right;">SMALL ENTITY DISCOUNT:</td> <td style="text-align: center;">(\$27.00)</td> </tr> <tr> <td colspan="5" style="text-align: right;">SUBTOTAL (2)</td> <td style="text-align: center;">(\$27.00)</td> </tr> </tbody> </table>	Large Entity Fee (\$)	Fee Description	Fee Paid	740	Utility filing fee		330	Design filing fee		160	Provisional filing fee			Number Filed	Number Extra	Rate	Amount	Total Claims	- 20 =		x \$ 18.00 =		Independent Claims	- 3 =		x \$ 84.00 =		<input type="checkbox"/> Multiple Dependent Claim(s), if any \$280.00 =					TOTAL:					SMALL ENTITY DISCOUNT:					SUBTOTAL (1)				(\$)		Claims Remaining After Amend.	Highest No. Previously Paid For	Present Extra	Rate	Fee Paid	Total	23	- 20 =	3	x \$ 18.00 =	54.00	Indep.	2	- 3 =	0	x \$ 84.00 =		<input type="checkbox"/> First Presentation of Multiple Dep. Claim + \$280.00 =						TOTAL:					(\$54.00)	SMALL ENTITY DISCOUNT:					(\$27.00)	SUBTOTAL (2)					(\$27.00)	<div style="text-align: center; font-size: 2em; opacity: 0.5; margin-bottom: 20px;"> RECEIVED JUL 11 2002 </div> <div style="text-align: center; font-size: 2em; opacity: 0.5; margin-bottom: 20px;"> GROUP 6800 </div> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: right;">SUBTOTAL (3)</td> <td style="text-align: center;">(\$)</td> <td></td> </tr> <tr> <td style="text-align: right;">SUBTOTAL (1)</td> <td></td> <td></td> </tr> <tr> <td style="text-align: right;">SUBTOTAL (2)</td> <td></td> <td style="text-align: center;">27.00</td> </tr> <tr> <td style="text-align: right;">SUBTOTAL (3)</td> <td></td> <td></td> </tr> <tr> <td colspan="2" style="text-align: right;">TOTAL</td> <td style="text-align: center;">(\$) 27.00</td> </tr> </table>	SUBTOTAL (3)	(\$)		SUBTOTAL (1)			SUBTOTAL (2)		27.00	SUBTOTAL (3)			TOTAL		(\$) 27.00
Large Entity Fee (\$)	Fee Description	Fee Paid																																																																																																							
740	Utility filing fee																																																																																																								
330	Design filing fee																																																																																																								
160	Provisional filing fee																																																																																																								
	Number Filed	Number Extra	Rate	Amount																																																																																																					
Total Claims	- 20 =		x \$ 18.00 =																																																																																																						
Independent Claims	- 3 =		x \$ 84.00 =																																																																																																						
<input type="checkbox"/> Multiple Dependent Claim(s), if any \$280.00 =																																																																																																									
TOTAL:																																																																																																									
SMALL ENTITY DISCOUNT:																																																																																																									
SUBTOTAL (1)				(\$)																																																																																																					
	Claims Remaining After Amend.	Highest No. Previously Paid For	Present Extra	Rate	Fee Paid																																																																																																				
Total	23	- 20 =	3	x \$ 18.00 =	54.00																																																																																																				
Indep.	2	- 3 =	0	x \$ 84.00 =																																																																																																					
<input type="checkbox"/> First Presentation of Multiple Dep. Claim + \$280.00 =																																																																																																									
TOTAL:					(\$54.00)																																																																																																				
SMALL ENTITY DISCOUNT:					(\$27.00)																																																																																																				
SUBTOTAL (2)					(\$27.00)																																																																																																				
SUBTOTAL (3)	(\$)																																																																																																								
SUBTOTAL (1)																																																																																																									
SUBTOTAL (2)		27.00																																																																																																							
SUBTOTAL (3)																																																																																																									
TOTAL		(\$) 27.00																																																																																																							
CORRESPONDENCE ADDRESS Direct all correspondence to: Patent Administrator Testa, Hurwitz & Thibault, LLP High Street Tower-125 High Street Boston, MA 02110 Tel. No.: (617) 248-7000 Fax No.: (617) 248-7100	SIGNATURE BLOCK Respectfully submitted, Mark L. Boborodov Attorney for the Applicant Testa, Hurwitz & Thibault, LLP High Street Tower-125 High Street Boston, MA 02110 Date: June 18, 2002 Reg. No.: 50,773 Tel. No.: (617) 248-7453 Fax No.: (617) 248-7100																																																																																																								